

ALLUMBAUGH HOUSE SUMMARY

DRAFT 5-1-10

DETOXIFICATION	MENTAL HEALTH	SOBERING STATION
Hours of Operation: 24/7	Hours of Operation: 24/7	Hours of Operation: Thursday, Friday, Saturday 7:00 pm – 11:00 am
Eligible Participants: <ul style="list-style-type: none"> • 18 years of age and older. • Reside within Region IV, with priority to those brought by a funding partner agent or a resident within a funding partner area. • Priority to low-income and/or indigent clients. • Diagnosed with a substance abuse/addictions disorder. • Likely to have withdrawal upon cessation of use. • Meets ASAM placement criteria not to exceed Level III.7. • BAL value no greater than 200 mg/100 cc's or breathalyzer value of .20. • Medically stable per medical history and assessment. • Capacity to benefit from short-term stabilization. • Voluntary admission and participation. 	Eligible Participants: <ul style="list-style-type: none"> • 18 years of age and older. • Active IDHW Adult Mental Health patient, with priority to Region IV patients. • Reside within Region IV, with priority to those brought by a funding partner agent or a resident within a funding partner area. • Priority to low-income and/or indigent clients. • Diagnosed with a DSM-IV-TR mental health disorder. • Meets Level V Locus placement criteria. • Capacity to benefit from short-term stabilization. • Voluntary admission and participation. 	Eligible Participants: <ul style="list-style-type: none"> • 18 years of age and older. • Reside within Region IV, with priority to those brought by a funding partner agent or a resident within a funding partner area. • Priority to low-income and/or indigent clients. • Referred by law enforcement, hospital or medical care provider. • Medically stable per medical assessment. • Capacity to benefit from short-term stabilization. • Voluntary admission and participation.

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<p>Exclusionary Requirements:</p> <ul style="list-style-type: none"> • Does not meet ASAM placement Level III.7. • Unwilling to enter treatment voluntarily. • BAL exceeds 200 mg/100 cc's or breathalyzer value of .20. • Subject of involuntary commitment proceedings/detention. • Actively harmful to self/others. • Acute medical condition. • Can be safely treated in less intensively level of care. 	<p>Exclusionary Requirements:</p> <ul style="list-style-type: none"> • Self-referral. • Does not meet Locus Level V. • Unwilling to enter treatment voluntarily. • Subject of involuntary commitment proceedings/detention. • Actively harmful to self/others . • Unwilling to contract for no self-harm. • Acute medical condition. • Can be safely treated in less intensively level of care. 	<p>Exclusionary Requirements:</p> <ul style="list-style-type: none"> • Self-referral. • Unwilling to enter treatment voluntarily. • Subject of involuntary commitment proceedings/detention. • Actively harmful to self/others . • Unwilling to contract for no self-harm. • Acute medical condition. • Can be safely treated in less intensively level of care.
<p>Admission Process:</p> <ul style="list-style-type: none"> • Referral agent or potential client calls AH for case staffing. • If appears appropriate, scheduled for ASAM screening appointment with CADC. • Mini screening completed if previously screened by community partners who utilized ASAM PPC-2R and recommended Level III.7 admission • If capacity and client meets admission criteria, client scheduled for admission. • Patient or referring agent to provide transportation. • Upon arrival, nursing assessment conducted and admission paperwork completed. • Client personal belongings secured, client oriented to unit and bed assigned. • Monitored per orders. • Community partner notified if client does not present for admission or screening. 	<p>Admission Process:</p> <ul style="list-style-type: none"> • Referral agent calls AH for case staffing. • If appears appropriate placement and capacity, client scheduled for admission. • Community partner provided with date/time of admission. • Referring agent to provide transportation. • Upon arrival, nursing assessment conducted and admission paperwork completed. • Client personal belonging secured, client oriented to unit and bed assigned. • Monitored per orders. • Community partner notified if client does not present at admission time. 	<p>Admission Process:</p> <ul style="list-style-type: none"> • Referral agent calls AH for case staffing. • If appears appropriate placement and capacity, client scheduled for admission. • Referring agent to provide transportation. • Upon arrival, nursing assessment conducted and admission paperwork completed. • Client provided scrubs, personal belonging secured, client oriented to unit and bed assigned. • Monitored per orders.

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Services Offered: <ul style="list-style-type: none">• Assessment• Psychiatric and Medical Evaluation• Treatment Planning• Medication Management and Monitoring• Counseling/Education• Case management• Discharge Planning• Recreation/Living Skills	Services Offered: <ul style="list-style-type: none">• Assessment• Treatment Planning• Medication Management and Monitoring• Counseling/Education• Case Management• Discharge Planning• Recreation/Living Skills	Services Offered: <ul style="list-style-type: none">• Assessment• Monitoring• Discharge Planning
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SCREENING/ASSESSMENT

Allumbaugh House
400 N Allumbaugh
Boise, Idaho 83704

Agency: _____
Date: _____ Time: _____
Phone # _____
Contact and # _____

IDENTIFYING INFORMATION:

Name: _____ DOB: _____ Age: _____ Marital Status: _____
Address: _____ Region IV resident? ☐ Y ☐ N
Phone: _____ Emerg. Contact # _____
Present outpatient MD: _____
Community providers: _____
Insurance ☐ Y ☐ N ☐ Unknown If yes: _____
Insurance name _____ Policy number _____

PRESENTING PROBLEM:

SERVICE REQUESTED:

- ☐ Sobering – Need for non-hospital level of sobriety/intoxication management
- ☐ Detoxification – Need for non- hospital level of medically monitored detoxification
- ☐ Mental health – Need for non-hospital level of care for stabilization of psychiatric s/s
- ☐ Other – describe _____

Allergies _____
Physical health issues ☐ Y ☐ N describe _____

Current vital signs: T ____ P ____ R ____ B/P ____ Emergency treatment provided (including meds):

Labs completed: (send) _____

Xrays: (send) _____ UDS: (send) _____

Current medications: _____

Last dose taken: _____ Prescribing physician: _____

Medication adherent ☐ Y ☐ N describe: _____

HIV or TB testing done ☐ Y ☐ N results: _____ Pregnant ☐ Y ☐ N _____

Evidence of head/body lice or scabies: ☐ Y ☐ N _____

Does patient have an exclusionary physical condition ☐ Y ☐ N (see guidelines)

SUBSTANCE USE:

Last substance used and when _____

Route _____ Amt _____ BAC _____ UDS _____

How often used in past mo. _____ Age of 1st use _____

Drug of choice _____ Route _____ Freq _____

Other substances used _____

IV drug use ☐ Y ☐ N _____ Use of opioid replacement Rx ☐ Y ☐ N _____

Drug/Alcohol arrests ☐ Y ☐ N _____ DUI's ☐ Y ☐ N _____

Hx of withdrawal symptoms ☐ Y ☐ N describe _____

Current withdrawal symptoms ☐ Y ☐ N describe _____

Last period of sobriety _____ How long? _____

Previous substance abuse tx ☐ Y ☐ N How many _____ Last treatment episode _____

PT IS EXPERIENCING S/S OF DETOX OR WITHDRAWAL IS IMMINENT ☐ Y ☐ N

INTERACTION OF PT BIOMEDICAL CONDITION AND CONTINUED SUBSTANCE USE PLACE THEM IN IMMINENT DANGER OF SERIOUS DAMAGE TO PX HEALTH ☐ Y ☐ N

OR

CURRENT BIOMEDICAL CONDITION REQUIRES 24 HR NURSING AND MEDICAL MONITORING BUT NOT THE FULL RESOURCES OF AN ACUTE CARE HOSPITAL ☐ Y ☐ N

MENTAL HEALTH:

Depression: ☐ Y ☐ N Appetite _____ Weight loss/gain _____ lbs. Sleep hrs/night _____ Current thoughts of harming self ☐ Y ☐ N describe: _____

Current thoughts of harming others ☐ Y ☐ N describe: _____

Recent attempts to harm self/others ☐ Y ☐ N describe: _____

Psychosis: ☐ Y ☐ N describe: _____

Additional symptoms: _____

Previously diagnosed with a psychiatric disorder ☐ Y ☐ N describe: _____

PT HAS SIGNIFICANT FUNCTIONAL DEFICITS THAT REQUIRE PSYCHIATRIC MONITORING ☐ Y ☐ N OR

THE PT AT MODERATE RISK OF BEHAVIORS ENDANGERING SELF, OTHERS OR PROPERTY ☐ Y ☐ N OR

THEIR PSYCHIATRIC CONDITION IS UNSTABLE AND INTERFERES WITH ABSTINENCE AND RECOVERY ☐ Y ☐ N

DISPOSITION:

Accepted ☐ Y [Scheduled admission date/time: _____

Denied ☐ Y Reason for denial _____

Placed on waitlist due to capacity at Allumbaugh House ☐ Y ☐ N (Waitlist follow-up to be provided by Allumbaugh House – see inquiry form)

Reviewing staff _____ PLEASE FAX THIS FORM, LABS, RAYS, UDS AND OTHER PERTINENT CLINICAL INFORMATION TO 208-377-1028 PRIOR TO CASE REVIEW WITH ALLUMBAUGH HOUSE STAFF. THANK YOU.